

HEALTH AND SAFETY CODE
TITLE 12. HEALTH AND MENTAL HEALTH
CHAPTER 1001. DEPARTMENT OF STATE HEALTH SERVICES

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 1001.001. DEFINITIONS. In this title:

(1) "Commission" means the Health and Human Services Commission.

(2) "Commissioner" means the commissioner of state health services.

(3) "Council" means the State Health Services Council.

(4) "Department" means the Department of State Health Services.

(5) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. [219](#)), Sec. 3.1630, eff. April 2, 2015.

Sec. 1001.002. AGENCY AND AGENCY FUNCTIONS. (a) In this section, "function" includes a power, duty, program, or activity and an administrative support services function associated with the power, duty, program, or activity, unless consolidated under Section [531.02012](#), Government Code.

(b) The department is an agency of the state.

(c) In accordance with Subchapter A-1, Chapter [531](#), Government Code, and notwithstanding any other law, the department performs only functions related to public health, including health care data collection and maintenance of the Texas Health Care Information Collection program.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. [200](#)), Sec. 1.16, eff. September 1, 2017.

Sec. 1001.003. SUNSET PROVISION. The Department of State Health Services is subject to Chapter [325](#), Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the department is abolished and this chapter expires September 1, 2027.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 928 (H.B. [3249](#)), Sec. 3.03, eff. June 15, 2007.

Acts 2009, 81st Leg., 1st C.S., Ch. 2 (S.B. [2](#)), Sec. 2.09, eff. July 10, 2009.

Acts 2011, 82nd Leg., R.S., Ch. 1232 (S.B. [652](#)), Sec. 2.11, eff. June 17, 2011.

Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. [200](#)), Sec. 4.03, eff. September 1, 2015.

Acts 2019, 86th Leg., R.S., Ch. 596 (S.B. [619](#)), Sec. 4.08, eff. June 10, 2019.

Sec. 1001.004. REFERENCES IN LAW MEANING DEPARTMENT. In this code or any other law, a reference to the department in relation to a function described by Section [1001.002\(c\)](#) means the department. A reference in law to the department in relation to any other function has the meaning assigned by Section [531.0011](#), Government Code.

Added by Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. [200](#)), Sec. 1.17, eff. September 1, 2017.

Sec. 1001.005. REFERENCES IN LAW MEANING COMMISSIONER OR DESIGNEE. In this code or in any other law, a reference to the commissioner in relation to a function described by Section [1001.002\(c\)](#) means the commissioner. A reference in law to the commissioner in relation to any other function has the meaning assigned by Section [531.0012](#), Government Code.

Added by Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. [200](#)), Sec. 1.17, eff. September 1, 2017.

SUBCHAPTER B. ADMINISTRATIVE PROVISIONS

Sec. 1001.028. PUBLIC INTEREST INFORMATION AND COMPLAINTS.

(a) The commissioner, with the advice of the council, shall prepare information of public interest describing the functions of the department and the procedures by which complaints are filed with and resolved by the department. The commission shall make the information available to the public and appropriate state governmental entities.

(b) The executive commissioner by rule shall establish methods by which consumers and service recipients are notified of the name, mailing address, and telephone number of the department for directing complaints to the department.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.029. PUBLIC ACCESS AND TESTIMONY. (a) The commissioner shall develop and implement policies that provide the public with a reasonable opportunity to appear before the commissioner and to speak on any issue under the jurisdiction of the department.

(b) The commissioner shall grant an opportunity for a public hearing before the council makes recommendations to the commissioner regarding a substantive rule if a public hearing is requested by:

- (1) at least 25 persons;
- (2) a governmental entity; or
- (3) an association with at least 25 members.

(c) The executive commissioner shall consider fully all written and oral submissions about a proposed rule.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.030. POLICYMAKING AND MANAGEMENT RESPONSIBILITIES. The commissioner, with the advice of the council and subject to the approval of the executive commissioner, shall develop and the department shall implement policies that clearly delineate the policymaking responsibilities of the executive commissioner from the management responsibilities of the commission, the commissioner, and the staff of the department.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.0305. LOCAL HEALTH ENTITY POLICY. In developing policy related to funding local health entities as defined by Section [117.001](#), the department shall consult with the Public Health Funding and Policy Committee established under Chapter [117](#). Added by Acts 2011, 82nd Leg., R.S., Ch. 1237 (S.B. [969](#)), Sec. 2, eff. September 1, 2011.

Sec. 1001.032. OFFICES. The department shall maintain its central office in Austin. The department may maintain offices in other areas of the state as necessary.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.033. APPLICATION REQUIREMENT FOR COLONIAS PROJECTS. (a) In this section, "colonia" means a geographic area that:

(1) is an economically distressed area as defined by Section [17.921](#), Water Code;

(2) is located in a county any part of which is within 62 miles of an international border; and

(3) consists of 11 or more dwellings that are located in close proximity to each other in an area that may be described as a community or neighborhood.

(b) Repealed by Acts 2019, 86th Leg., R.S., Ch. 573 (S.B. [241](#)), Sec. 3.01(3), eff. September 1, 2019.

(c) Repealed by Acts 2019, 86th Leg., R.S., Ch. 573 (S.B. [241](#)), Sec. 3.01(3), eff. September 1, 2019.

(d) Regarding any projects funded by the commission that provide assistance to colonias, the commission shall require an applicant for the funds to submit to the commission a colonia classification number, if one exists, for each colonia that may be served by the project proposed in the application. If a colonia does not have a classification number, the commission may contact the secretary of state or the secretary of state's representative to obtain the classification number. On request of the commission, the secretary of state or the secretary of state's representative

shall assign a classification number to the colonia.

Added by Acts 2005, 79th Leg., Ch. 828 (S.B. 827), Sec. 5, eff. September 1, 2005.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 341 (S.B. 99), Sec. 16, eff. June 15, 2007.

Acts 2019, 86th Leg., R.S., Ch. 573 (S.B. 241), Sec. 2.09, eff. September 1, 2019.

Acts 2019, 86th Leg., R.S., Ch. 573 (S.B. 241), Sec. 2.10, eff. September 1, 2019.

Acts 2019, 86th Leg., R.S., Ch. 573 (S.B. 241), Sec. 3.01(3), eff. September 1, 2019.

Sec. 1001.034. INVESTIGATION OF DEPARTMENT. The executive commissioner shall investigate the conduct of the work of the department. For that purpose, the executive commissioner shall have access at any time to all department books and records and may require an officer or employee of the department to furnish written or oral information.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989.

Transferred, redesignated and amended from Health and Safety Code, Section 11.014 by Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.0007, eff. April 2, 2015.

Sec. 1001.035. ADVISORY COMMITTEES. (a) The executive commissioner may appoint advisory committees to assist the executive commissioner and department in performing duties related to department functions.

(b) If the executive commissioner appoints an advisory committee under this section, the appointment must be made in a manner that provides for:

(1) a balanced representation of persons with knowledge and interest in the committee's field of work;

(2) the inclusion on the committee of at least two members who represent the interests of the public; and

(3) a balanced representation of the geographic regions of the state.

(d) A member of an advisory committee appointed under this section may receive reimbursement for travel expenses as provided by Section [2110.004](#), Government Code.

(e) The executive commissioner shall specify each committee's purpose, powers, and duties, and shall require each committee to report to the executive commissioner or department in the manner specified by the executive commissioner concerning the committee's activities and the results of its work.

(f) The executive commissioner shall establish procedures for receiving reports relating to the activities and accomplishments of an advisory committee established by statute to advise the department or executive commissioner on matters related to department functions. The executive commissioner may appoint additional members to those advisory committees and may establish additional duties of those committees as the executive commissioner determines to be necessary.

(g) The executive commissioner shall adopt rules to implement this section.

Acts 1989, 71st Leg., ch. 678, Sec. 1, eff. Sept. 1, 1989. Amended by Acts 1991, 72nd Leg., ch. 14, Sec. 2, eff. Sept. 1, 1991; Acts 1999, 76th Leg., ch. 1411, Sec. 1.17, eff. Sept. 1, 1999.

Transferred, redesignated and amended from Health and Safety Code, Section 11.016 by Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. [219](#)), Sec. 3.0008, eff. April 2, 2015.

SUBCHAPTER C. PERSONNEL

Sec. 1001.051. COMMISSIONER. (a) The executive commissioner shall appoint a commissioner of the department with the approval of the governor. The commissioner is to be selected according to education, training, experience, and demonstrated ability.

(a-1) The executive commissioner shall employ the commissioner in accordance with Section [531.0056](#), Government Code.

(a-2) Except as provided in Subsection (a-3), the commissioner must:

(1) have at least five years of experience in the

administration of public health systems; and

(2) be a person licensed to practice medicine in this state.

(a-3) The executive commissioner may, based on the qualifications and experience in administering public health systems, employ a person other than a physician as the commissioner.

(a-4) If the executive commissioner employs a person as commissioner who is not a physician, then the executive commissioner shall designate a person licensed to practice medicine in this state as chief medical executive.

(b) The commissioner serves at the pleasure of the executive commissioner.

(b-1) The executive commissioner may supplement the salary of the commissioner with the approval of the governor. The salary may not exceed 1.5 times the salary of the governor, from funds appropriated to the department. The use of funds from other sources are not limited by this subsection.

(c) Subject to the control of the executive commissioner, the commissioner shall:

(1) act as the department's chief administrative officer;

(2) in accordance with the procedures prescribed by Section [531.00551](#), Government Code, assist the executive commissioner in the development and implementation of policies and guidelines needed for the administration of the department's functions;

(3) in accordance with the procedures adopted by the executive commissioner under Section [531.00551](#), Government Code, assist the executive commissioner in the development of rules relating to the matters within the department's jurisdiction, including the delivery of services to persons and the rights and duties of persons who are served or regulated by the department; and

(4) serve as a liaison between the department and commission.

(d) The commissioner shall administer this chapter under operational policies established by the executive commissioner and

in accordance with the memorandum of understanding under Section [531.0055](#)(k), Government Code, between the commissioner and the executive commissioner, as adopted by rule.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. [219](#)), Sec. 3.0006, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. [219](#)), Sec. 3.1631, eff. April 2, 2015.

Sec. 1001.052. PERSONNEL. (a) The department may employ, compensate, and prescribe the duties of personnel necessary and suitable to administer this chapter.

(b) The executive commissioner shall prepare and by rule adopt personnel standards.

(c) A personnel position may be filled only by an individual selected and appointed on a nonpartisan merit basis.

(d) The commissioner, with the advice of the council, shall develop and the department shall implement policies that clearly define the responsibilities of the staff of the department.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.053. INFORMATION ABOUT QUALIFICATIONS AND STANDARDS OF CONDUCT. The commissioner or the commissioner's designee shall provide to department employees, as often as necessary, information regarding the requirements for employment under this chapter or rules adopted by the executive commissioner, including information regarding a person's responsibilities under applicable laws relating to standards of conduct for state employees.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.054. MERIT PAY. Subject to rules adopted by the executive commissioner, the commissioner or the commissioner's designee shall develop a system of annual performance evaluations. All merit pay for department employees must be given under the system established under this section or under rules adopted by the

executive commissioner.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.055. CAREER LADDER. The commissioner or the commissioner's designee shall develop an intra-agency career ladder program. The program must require intra-agency postings of all nonentry-level positions concurrently with any public posting.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.056. EQUAL EMPLOYMENT OPPORTUNITY POLICY. (a) Subject to rules adopted by the executive commissioner, the commissioner or the commissioner's designee shall prepare and maintain a written policy statement that implements a program of equal employment opportunity to ensure that all personnel decisions are made without regard to race, color, disability, sex, religion, age, or national origin.

(b) Unless the following are included in a policy statement adopted by the executive commissioner that is applicable to the department, the policy statement must include:

(1) personnel policies, including policies relating to recruitment, evaluation, selection, training, and promotion of personnel, that show the intent of the department to avoid the unlawful employment practices described by Chapter 21, Labor Code; and

(2) an analysis of the extent to which the composition of the department's personnel is in accordance with state and federal law and a description of reasonable methods to achieve compliance with state and federal law.

(c) The policy statement must be:

(1) updated annually;

(2) reviewed by the Texas Workforce Commission civil rights division for compliance with Subsection (b)(1); and

(3) filed with the governor's office.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1632, eff. April 2, 2015.

SUBCHAPTER D. POWERS AND DUTIES OF DEPARTMENT

Sec. 1001.071. GENERAL POWERS AND DUTIES OF DEPARTMENT RELATED TO HEALTH CARE. (a) The department is the state agency with primary responsibility to administer or provide health services, including:

- (1) disease prevention;
- (2) health promotion;
- (3) indigent health care;
- (4) certain acute care services;
- (5) licensing of certain health professions; and
- (6) other health-related services as provided by law.

(b) The department is responsible for administering human services programs regarding the public health, including:

- (1) implementing the state's public health care delivery programs under the authority of the department;
- (2) administering state health facilities, hospitals, and health care systems;
- (3) developing and providing health care services, as directed by law;
- (4) providing for the prevention and control of communicable diseases;
- (5) providing public education on health-related matters, as directed by law;
- (6) compiling and reporting health-related information, as directed by law;
- (7) acting as the lead agency for implementation of state policies regarding the human immunodeficiency virus and acquired immunodeficiency syndrome and administering programs related to the human immunodeficiency virus and acquired immunodeficiency syndrome;
- (8) investigating the causes of injuries and methods of prevention;
- (9) administering a grant program to provide appropriated money to counties, municipalities, public health districts, and other political subdivisions for their use to

provide or pay for essential public health services;

(10) administering the registration of vital statistics;

(11) licensing, inspecting, and enforcing regulations regarding health facilities, other than long-term care facilities regulated by the Department of Aging and Disability Services;

(12) implementing established standards and procedures for the management and control of sanitation and for health protection measures;

(13) enforcing regulations regarding radioactive materials;

(14) enforcing regulations regarding food, drugs, cosmetics, and health devices;

(15) enforcing regulations regarding food service establishments, retail food stores, mobile food units, and roadside food vendors;

(16) enforcing regulations controlling hazardous substances in households and workplaces; and

(17) implementing a mental health program for veterans.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Amended by:

Acts 2013, 83rd Leg., R.S., Ch. 352 (H.B. [2392](#)), Sec. 1, eff. September 1, 2013.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. [219](#)), Sec. 3.0005(a), eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. [219](#)), Sec. 3.0005(b), eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 838 (S.B. [202](#)), Sec. 3.020, eff. September 1, 2015.

Sec. 1001.0711. SCHOOL HEALTH ADVISORY COMMITTEE. (a) The executive commissioner by rule shall establish a School Health Advisory Committee at the department to provide assistance to the council in establishing a leadership role for the department in support for and delivery of coordinated school health programs and school health services.

(b) The committee shall include at least:

(1) one representative from the Department of Agriculture, appointed by the commissioner of agriculture; and

(2) one representative from the Texas Education Agency, appointed by the commissioner of education.

(c) Section 2110.008, Government Code, does not apply to a committee created under this section.

Added by Acts 2005, 79th Leg., Ch. 784 (S.B. 42), Sec. 9, eff. June 17, 2005.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1633, eff. April 2, 2015.

For expiration of this section, see Subsection (e).

Sec. 1001.0712. CAUSE OF DEATH DATA IMPROVEMENT. (a) Not later than December 1 of each even-numbered year, the department shall submit to the governor, lieutenant governor, speaker of the house of representatives, and appropriate standing committees of the legislature a report on the processes and procedures for collecting cause of death information, including any challenges to collecting accurate information relating to maternal mortality.

(b) In preparing the report, the department may examine:

(1) issues relating to the quality of the death information being collected, including the accuracy and completeness of the information;

(2) the role of medical certifiers in death information collection;

(3) the perceptions of the individuals collecting the death information regarding the information's integrity;

(4) the training required for the individuals collecting death information; and

(5) the structural, procedural, and technological issues of collecting the information.

(c) The department, in consultation with the Texas Maternal Mortality and Morbidity Review Committee, shall examine national standards regarding the collection of death information and may convene a panel of experts to advise the department and the review

committee in developing recommendations for improving the collection of accurate information related to cause of death.

(d) The report may be included as part of another report the department is required to submit to the legislature.

(e) This section expires September 1, 2021.

Added by Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 10, eff. August 16, 2017.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 21, eff. June 10, 2019.

Sec. 1001.072. GENERAL POWERS AND DUTIES OF DEPARTMENT RELATED TO MENTAL HEALTH. The department is responsible for administering human services programs regarding mental health, including:

(1) administering and coordinating mental health services at the local and state level;

(2) operating the state's mental health facilities; and

(3) inspecting, licensing, and enforcing regulations regarding mental health facilities, other than long-term care facilities regulated by the Department of Aging and Disability Services.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.073. GENERAL POWERS AND DUTIES OF DEPARTMENT RELATED TO SUBSTANCE ABUSE. The department is responsible for administering human services programs regarding substance abuse, including:

(1) administering, coordinating, and contracting for the delivery of substance abuse prevention and treatment programs at the state and local level;

(2) inspecting, licensing, and enforcing regulations regarding substance abuse treatment facilities; and

(3) providing public education on substance abuse issues, as directed by law.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.074. INFORMATION REGARDING COMPLAINTS. (a) The department shall maintain a file on each written complaint filed with the department. The file must include:

- (1) the name of the person who filed the complaint;
- (2) the date the complaint is received by the department;
- (3) the subject matter of the complaint;
- (4) the name of each person contacted in relation to the complaint;
- (5) a summary of the results of the review or investigation of the complaint; and
- (6) an explanation of the reason the file was closed, if the department closed the file without taking action other than to investigate the complaint.

(b) The department shall provide to the person filing the complaint and to each person who is a subject of the complaint a copy of the executive commissioner's and the department's policies and procedures relating to complaint investigation and resolution.

(c) The department, at least quarterly until final disposition of the complaint, shall notify the person filing the complaint and each person who is a subject of the complaint of the status of the investigation unless the notice would jeopardize an undercover investigation.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.075. RULES. The executive commissioner may adopt rules reasonably necessary for the department to administer this chapter, consistent with the memorandum of understanding under Section [531.0055\(k\)](#), Government Code, between the commissioner and the executive commissioner, as adopted by rule.

Added by Acts 2003, 78th Leg., ch. 198, Sec. 1.09.

Sec. 1001.077. ADULT DIABETES EDUCATION PROGRAM. (a) In counties with populations of more than 100,000, the department may assist hospital districts and county hospital systems in providing an adult diabetes education program. The program must be based on a

curriculum developed by the Texas Diabetes Council.

(b) A hospital district or county hospital system that participates in the program shall:

(1) make the adult diabetes education program available in English and Spanish using the curriculum developed by the Texas Diabetes Council; and

(2) make the education program available in the county, including at each rural health clinic the district or system may have.

(c) The Texas Diabetes Council shall develop for the adult diabetes education program a curriculum emphasizing life choices that enable a diabetic patient to control the disease and improve the patient's standard of living.

Added by Acts 2011, 82nd Leg., R.S., Ch. 217 (H.B. 123), Sec. 1, eff. September 1, 2011.

Sec. 1001.078. FUNDING FORMULA; PUBLIC HEALTH EVALUATION.

(a) In this section:

(1) "Health service region" means a public health region designated under Section 121.007.

(2) "Local health department" means a local health department established under Subchapter D, Chapter 121.

(3) "Local health unit" has the meaning assigned by Section 121.004.

(4) "Public health district" means a health district established under Subchapter E, Chapter 121.

(b) The department, in collaboration with the Public Health Funding and Policy Committee established under Section 117.051, shall:

(1) develop funding formulas for federal and state funds appropriated to the department to be allocated to local health departments, local health units, public health districts, and health service regions' regional headquarters, based on population, population density, disease burden, social determinants of health, local efforts to prevent disease, and other relevant factors as determined by the department and committee;

(2) evaluate the feasibility and benefits of placing a

cap on the percentage of public health funds that can be used on administrative costs at local health departments, local health units, public health districts, and health service regions' regional headquarters; and

(3) evaluate public health functions provided by the department, local health departments, local health units, public health districts, and health service regions' regional headquarters and determine if another entity, including a private entity, can provide those functions more effectively.

Added by Acts 2013, 83rd Leg., R.S., Ch. 732 (S.B. 127), Sec. 1, eff. September 1, 2013.

Sec. 1001.079. PUBLIC HEALTH THREAT POLICY. (a) In this section, "local health department" means a local health department established under Subchapter D, Chapter 121.

(b) The department shall create a policy to allow a local health department flexibility, to the extent allowed under federal law, in the use of personnel and other resources during disaster response activities, outbreaks, and other appropriate public health threats.

Added by Acts 2013, 83rd Leg., R.S., Ch. 732 (S.B. 127), Sec. 1, eff. September 1, 2013.

Sec. 1001.080. HEALTH INSURANCE COVERAGE INFORMATION. (a) In this section, "individual's legally authorized representative" means:

(1) a parent, managing conservator, or guardian of an individual, if the individual is a minor;

(2) a guardian of an individual, if the individual has been adjudicated incompetent to manage the individual's personal affairs; or

(3) an agent of the individual authorized under a medical power of attorney for health care.

(b) This section applies to health or mental health benefits, services, or assistance provided by the department that the department anticipates will be impacted by a health insurance exchange as defined by Section 1001.081(a), including:

(1) community primary health care services provided under Chapter 31;

(2) women's and children's health services provided under Chapter 32;

(3) services for children with special health care needs provided under Chapter 35;

(4) epilepsy program assistance provided under Chapter 40;

(5) hemophilia program assistance provided under Chapter 41;

(6) kidney health care services provided under Chapter 42;

(7) human immunodeficiency virus infection and sexually transmitted disease prevention programs and services provided under Chapter 85;

(8) immunization programs provided under Chapter 161;

(9) programs and services provided by the Rio Grande State Center under Chapter 252;

(10) mental health services for adults provided under Chapter 534;

(11) mental health services for children provided under Chapter 534;

(12) programs and services provided by community mental health hospitals under Chapter 552;

(13) programs and services provided by state mental health hospitals under Chapter 552; and

(14) any other health or mental health program or service designated by the department.

(c) Subject to Subsection (d), the department may not provide health or mental health benefits, services, or assistance described in Subsection (b) unless the individual applying to receive the benefits, services, or assistance submits to the department on the form prescribed by the department:

(1) a statement by the individual or the individual's legally authorized representative attesting that the individual does not have access to private health care insurance that provides coverage for the benefit, service, or assistance; or

(2) if the individual has access to private health care insurance that provides coverage for the benefit, service, or assistance, the information and authorization necessary for the department to submit a claim for reimbursement from the insurer for the benefit, service, or assistance.

(d) The department may waive the prohibition under Subsection (c) for an individual or for health or mental health benefits, services, or assistance described in Subsection (b) if the department determines that a benefit, service, or assistance is necessary during a crisis or emergency.

(e) The executive commissioner shall adopt rules necessary to implement this section.

Added by Acts 2013, 83rd Leg., R.S., Ch. 765 (S.B. [1057](#)), Sec. 1, eff. June 14, 2013.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. [219](#)), Sec. 3.1634, eff. April 2, 2015.

Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. [200](#)), Sec. 2.27, eff. September 1, 2015.

Sec. 1001.081. HEALTH INSURANCE EXCHANGE INFORMATION.

(a) In this section:

(1) "Health insurance exchange" means an American Health Benefit Exchange administered by the federal government under 42 U.S.C. Section 18041 or created under 42 U.S.C. Section 18031.

(2) "Individual's legally authorized representative" has the meaning assigned by Section [1001.080](#)(a).

(b) The department may develop informational materials regarding health care insurance coverage and subsidies available under a health insurance exchange.

(c) The department shall provide the informational materials regarding health care insurance coverage and subsidies available under a health insurance exchange to an individual or the individual's legally authorized representative who:

(1) applies to receive health or mental health benefits, services, or assistance described in Section

1001.080(b); and

(2) has an income above 100 percent of the federal poverty level.

(d) The executive commissioner shall adopt rules necessary to implement this section.

Added by Acts 2013, 83rd Leg., R.S., Ch. 765 (S.B. 1057), Sec. 1, eff. June 14, 2013.

Text of section as added by Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1635

For text of section as redesignated by Acts 2015, 84th Leg., R.S., Ch. 1236 (S.B. 1296), Sec. 21.001(34), see other Sec. 1001.084.

Sec. 1001.084. CONTRACTING AND AUDITING AUTHORITY; DELEGATION. (a) The executive commissioner, as authorized by Section 531.0055, Government Code, may delegate to the department the executive commissioner's authority under that section for contracting and auditing relating to the department's powers, duties, functions, and activities.

(b) If the executive commissioner does not make a delegation under Subsection (a), a reference in law to the department with respect to the department's contracting or auditing authority means the executive commissioner. If the executive commissioner makes a delegation under Subsection (a), a reference in law to the department's contracting or auditing authority means that authority the executive commissioner has delegated to the department.

(c) If the executive commissioner revokes all or part of a delegation made under Subsection (a), a reference in law to the department with respect to a function for which the delegation was revoked means the executive commissioner or another entity to which the executive commissioner delegates that authority.

(d) It is the legislature's intent that the executive commissioner retain the authority over and responsibility for contracting and auditing at each health and human services agency as provided by Section 531.0055, Government Code. A statute enacted on or after January 1, 2015, that references the contracting or auditing authority of the department does not give

the department direct contracting or auditing authority unless the statute expressly provides that the contracting or auditing authority:

(1) is given directly to the department; and

(2) is an exception to the exclusive contracting and auditing authority given to the executive commissioner under Section 531.0055, Government Code.

Added by Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1635, eff. April 2, 2015.

Text of section as redesignated by Acts 2015, 84th Leg., R.S., Ch.

1236 (S.B. 1296), Sec. 21.001(34)

For text of section as added by Acts 2015, 84th Leg., R.S., Ch. 1

(S.B. 219), Sec. 3.1635, see other Sec. 1001.084.

Sec. 1001.084. MENTAL HEALTH AND SUBSTANCE ABUSE PUBLIC REPORTING SYSTEM. (a) The department, in collaboration with the commission, shall establish and maintain a public reporting system of performance and outcome measures relating to mental health and substance abuse services established by the Legislative Budget Board, the department, and the commission. The system must allow external users to view and compare the performance, outputs, and outcomes of:

(1) community centers established under Subchapter A, Chapter 534, that provide mental health services;

(2) Medicaid managed care pilot programs that provide mental health services; and

(3) agencies, organizations, and persons that contract with the state to provide substance abuse services.

(b) The system must allow external users to view and compare the performance, outputs, and outcomes of the Medicaid managed care programs that provide mental health services.

(c) The department shall post the performance, output, and outcome measures on the department's website so that the information is accessible to the public. The department shall post the measures quarterly or semiannually in accordance with when the measures are reported to the department.

(d) The department shall consider public input in

determining the appropriate outcome measures to collect in the public reporting system. To the extent possible, the department shall include outcome measures that capture inpatient psychiatric care diversion, avoidance of emergency room use, criminal justice diversion, and the numbers of people who are homeless served.

(e) The commission shall conduct a study to determine the feasibility of establishing and maintaining the public reporting system, including, to the extent possible, the cost to the state and impact on managed care organizations and providers of collecting the outcome measures required by Subsection (d). Not later than December 1, 2014, the commission shall report the results of the study to the legislature and appropriate legislative committees.

(f) The department shall ensure that information reported through the public reporting system does not permit the identification of an individual.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1143 (S.B. 58), Sec. 3, eff. September 1, 2013.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1147 (S.B. 126), Sec. 1, eff. September 1, 2013.

Redesignated from Health and Safety Code, Section 1001.078 by Acts 2015, 84th Leg., R.S., Ch. 1236 (S.B. 1296), Sec. 21.001(34), eff. September 1, 2015.

Sec. 1001.085. MANAGEMENT AND DIRECTION BY EXECUTIVE COMMISSIONER. The department's powers and duties prescribed by this chapter and other law, including enforcement activities and functions, are subject to the executive commissioner's oversight under Chapter 531, Government Code, to manage and direct the operations of the department.

Added by Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1635, eff. April 2, 2015.

Sec. 1001.086. TREATMENT ALTERNATIVES TRAINING CURRICULUM FOR JUDGES AND ATTORNEYS. (a) The department, with input from the court of criminal appeals and the forensic director appointed under Section 532.013, shall develop and maintain a training curriculum for judges and attorneys that provides information on inpatient and

outpatient treatment alternatives to inpatient commitment to a state hospital for a patient whom a court is ordering to receive mental health services:

(1) to attain competency to stand trial under Chapter [46B](#), Code of Criminal Procedure; or

(2) following an acquittal by reason of insanity under Chapter [46C](#), Code of Criminal Procedure.

(b) The training curriculum developed and maintained under Subsection (a) must include a guide to treatment alternatives, other than inpatient treatment at a state hospital, from which a patient described by Subsection (a) may receive mental health services.

Added by Acts 2015, 84th Leg., R.S., Ch. 207 (S.B. [1507](#)), Sec. 3, eff. May 28, 2015.

Sec. 1001.087. CONTRACTING FOR AND ADMINISTRATION OF CERTAIN FUNCTIONS RELATING TO SUBSTANCE ABUSE. (a) The department may contract only with local mental health authorities and local behavioral health authorities to administer outreach, screening, assessment, and referral functions relating to the provision of substance abuse services. A local mental health authority or local behavioral health authority may subcontract with a substance abuse or behavioral health service provider to provide those services.

(b) A local mental health authority or local behavioral health authority who contracts with the department to administer outreach, screening, assessment, and referral functions relating to the provision of substance abuse services shall develop an integrated service delivery model that, to the extent feasible, uses providers who have historically administered outreach, screening, assessment, and referral functions.

Added by Acts 2015, 84th Leg., R.S., Ch. 207 (S.B. [1507](#)), Sec. 3, eff. May 28, 2015.

Sec. 1001.088. MENTAL HEALTH AND SUBSTANCE ABUSE HOTLINES. The department shall ensure that each local mental health authority and local behavioral health authority operates a toll-free telephone hotline that enables a person to call a single

hotline number to obtain information from the authority about mental health services, substance abuse services, or both.

Added by Acts 2015, 84th Leg., R.S., Ch. 207 (S.B. 1507), Sec. 3, eff. May 28, 2015.

Sec. 1001.089. PUBLIC HEALTH DATA. (a) In this section:

(1) "Essential public health services" has the meaning assigned by Section 121.002.

(2) "Local public health entity" means a local health unit, local health department, or public health district.

(b) Notwithstanding Sections 81.103, 82.009, 88.002(b), 92.006, and 192.002(b), the department may enter into an agreement with a local public health entity that provides essential public health services to provide the entity access to:

(1) identified public health data relating to the entity's jurisdiction and any public health data relating to a jurisdiction contiguous to the entity; and

(2) deidentified public health data maintained by the department relating to the jurisdiction of any other local public health entity.

(c) The public health data obtained through the agreement may be used only in the provision of essential public health services.

(d) Access to public health data includes necessary identified public health data required for an infectious disease investigation conducted under Chapter 81.

(e) For any public health data request that is not subject to Subsection (b), (c), or (d) and except as provided by Subsection (f), the department shall establish a review process for the consideration of public health data requests relating to essential public health services or public health research. The process must evaluate:

(1) the public health benefit and purpose of the request;

(2) the privacy of the individuals whose data is requested;

(3) the management of the data by the requestor,

including management of public health data released to the requestor in previous requests; and

(4) other relevant law.

(f) A local public health entity seeking public health data for human subject research purposes must submit a request to the department's institutional review board for review and consideration.

(g) A local public health entity receiving public health data from the department under this section shall:

(1) maintain the integrity and security of the data; and

(2) comply with state and federal privacy laws.

Added by Acts 2019, 86th Leg., R.S., Ch. 1184 (H.B. [3704](#)), Sec. 1, eff. September 1, 2019.

Text of subchapter effective on September 1, 2009, but only if a specific appropriation is provided as described by Acts 2009, 81st Leg., R.S., Ch. 1238, Sec. 7(f), which states: This section does not make an appropriation. This section takes effect only if a specific appropriation for the implementation of the section is provided in a general appropriations act of the 81st Legislature.

SUBCHAPTER F. TEXAS MEDICAL CHILD ABUSE RESOURCES AND EDUCATION SYSTEM (MEDCARES)

Sec. 1001.151. TEXAS MEDICAL CHILD ABUSE RESOURCES AND EDUCATION SYSTEM GRANT PROGRAM. (a) The department shall establish the Texas Medical Child Abuse Resources and Education System (MEDCARES) grant program to award grants for the purpose of developing and supporting regional programs to improve the assessment, diagnosis, and treatment of child abuse and neglect as described by the report submitted to the 80th Legislature by the committee on pediatric centers of excellence relating to abuse and neglect in accordance with Section 266.0031, Family Code, as added by Chapter 1406 (S.B. 758), Acts of the 80th Legislature, Regular Session, 2007.

(b) The department may award grants to hospitals or academic health centers with expertise in pediatric health care and a

demonstrated commitment to developing basic and advanced programs and centers of excellence for the assessment, diagnosis, and treatment of child abuse and neglect.

(c) The department shall encourage collaboration among grant recipients in the development of program services and activities.

Added by Acts 2009, 81st Leg., R.S., Ch. 1238 (S.B. 2080), Sec. 7(a), eff. September 1, 2009.

Sec. 1001.152. USE OF GRANT. A grant awarded under this subchapter may be used to support:

(1) comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse;

(2) education and training for health professionals, including physicians, medical students, resident physicians, child abuse fellows, and nurses, relating to the assessment, diagnosis, and treatment of child abuse and neglect;

(3) education and training for community agencies involved with child abuse and neglect, law enforcement officials, child protective services staff, and children's advocacy centers involved with child abuse and neglect;

(4) medical case reviews and consultations and testimony regarding those reviews and consultations;

(5) research, data collection, and quality assurance activities, including the development of evidence-based guidelines and protocols for the prevention, evaluation, and treatment of child abuse and neglect;

(6) the use of telemedicine and other means to extend services from regional programs into underserved areas; and

(7) other necessary activities, services, supplies, facilities, and equipment as determined by the department.

Added by Acts 2009, 81st Leg., R.S., Ch. 1238 (S.B. 2080), Sec. 7(a), eff. September 1, 2009.

Sec. 1001.154. GIFTS AND GRANTS. The department may solicit and accept gifts, grants, and donations from any public or private

source for the purposes of this subchapter.

Added by Acts 2009, 81st Leg., R.S., Ch. 1238 (S.B. 2080), Sec. 7(a), eff. September 1, 2009.

Sec. 1001.155. REQUIRED REPORT. Not later than December 1 of each even-numbered year, the department shall submit a report to the governor and the legislature regarding the grant activities of the program and grant recipients, including the results and outcomes of grants provided under this subchapter.

Added by Acts 2009, 81st Leg., R.S., Ch. 1238 (S.B. 2080), Sec. 7(a), eff. September 1, 2009.

Reenacted and amended by Acts 2015, 84th Leg., R.S., Ch. 946 (S.B. 277), Sec. 1.12(b), eff. September 1, 2015.

Sec. 1001.156. RULES. The executive commissioner may adopt rules as necessary to implement this subchapter.

Added by Acts 2009, 81st Leg., R.S., Ch. 1238 (S.B. 2080), Sec. 7(a), eff. September 1, 2009.

Sec. 1001.157. APPROPRIATION REQUIRED. The department is not required to award a grant under this subchapter unless the department is specifically appropriated money for purposes of this subchapter.

Added by Acts 2009, 81st Leg., R.S., Ch. 1238 (S.B. 2080), Sec. 7(a), eff. September 1, 2009.

SUBCHAPTER H. MENTAL HEALTH FIRST AID TRAINING

Sec. 1001.201. DEFINITIONS. In this subchapter:

(1) "Educator" means a person who is required to hold a certificate issued under Subchapter B, Chapter 21, Education Code.

(2) "Local mental health authority" has the meaning assigned by Section 531.002.

(3) "Regional education service center" means a regional education service center established under Chapter 8, Education Code.

(4) "School district employee" means a person employed

by a school district who regularly interacts with students through the course of the person's duties, including an educator, a secretary, a school bus driver, or a cafeteria worker.

(5) "School resource officer" has the meaning assigned by Section 1701.601, Occupations Code.

(6) "University employee" means a person employed by a public or private institution of higher education who regularly interacts with students enrolled at the university through the course of the person's duties.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1306 (H.B. 3793), Sec. 4, eff. September 1, 2013.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. 133), Sec. 1, eff. June 17, 2015.

Acts 2015, 84th Leg., R.S., Ch. 837 (S.B. 200), Sec. 2.28, eff. September 1, 2015.

Acts 2017, 85th Leg., R.S., Ch. 45 (S.B. 1533), Sec. 1, eff. May 19, 2017.

Sec. 1001.2015. LIMITATION ON GRANTS. For each state fiscal year, the department may give to a local mental health authority in the form of grants under Sections 1001.202 and 1001.203 an amount that may not exceed the lesser of:

(1) three percent of the total amount appropriated to the department for making grants under those sections; or

(2) \$70,000.

Added by Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. 133), Sec. 2, eff. June 17, 2015.

Sec. 1001.202. GRANTS FOR TRAINING OF MENTAL HEALTH FIRST AID TRAINERS. (a) To the extent funds are appropriated to the department for that purpose, the department shall make grants to local mental health authorities to contract with persons approved by the department to train employees or contractors of the authorities as mental health first aid trainers.

(b) The department shall make each grant to a local mental health authority under this section in an amount equal to \$1,000

times the number of employees or contractors of the authority whose training as mental health first aid trainers will be paid by the grant.

(c) Repealed by Acts 2015, 84th Leg., R.S., Ch. 836 , Sec. 8(1), eff. June 17, 2015.

(d) The executive commissioner shall adopt rules to establish the requirements for a person to be approved by the department to train employees or contractors of a local mental health authority as mental health first aid trainers. The rules must ensure that a person who is approved by the department is qualified to provide training in:

(1) the potential risk factors and warning signs for various mental illnesses, including depression, anxiety, trauma, psychosis, eating disorders, substance abuse disorders, and self-injury;

(2) the prevalence of various mental illnesses in the United States and the need to reduce the stigma associated with mental illness;

(3) an action plan for use by the employees or contractors that involves the use of skills, resources, and knowledge to assess a situation and develop and implement an appropriate intervention to help an individual experiencing a mental health crisis obtain appropriate professional care; and

(4) the evidence-based professional, peer, social, and self-help resources available to help individuals with mental illness.

(e) Two or more local mental health authorities may collaborate and share resources to provide training for employees or contractors of the authorities under this section.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1306 (H.B. [3793](#)), Sec. 4, eff. September 1, 2013.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. [133](#)), Sec. 3, eff. June 17, 2015.

Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. [133](#)), Sec. 8(1), eff. June 17, 2015.

Sec. 1001.203. GRANTS FOR TRAINING CERTAIN UNIVERSITY EMPLOYEES, SCHOOL DISTRICT EMPLOYEES, AND SCHOOL RESOURCE OFFICERS IN MENTAL HEALTH FIRST AID. (a) To the extent funds are appropriated to the department for that purpose, the department shall make grants to local mental health authorities to provide an approved mental health first aid training program, administered by mental health first aid trainers, at no cost to university employees, school district employees, and school resource officers.

(b) Repealed by Acts 2015, 84th Leg., R.S., Ch. 836 , Sec. 8(2), eff. June 17, 2015.

(c) The department shall grant \$100 to a local mental health authority for each university employee, school district employee, or school resource officer who successfully completes a mental health first aid training program provided by the authority under this section.

(d) A mental health first aid training program provided by a local mental health authority under this section must:

(1) be conducted by a person trained as a mental health first aid trainer;

(2) provide participants with the skills necessary to help an individual experiencing a mental health crisis until the individual is able to obtain appropriate professional care; and

(3) include:

(A) instruction in a five-step strategy for helping an individual experiencing a mental health crisis, including assessing risk, listening respectfully to and supporting the individual, and identifying professional help and other supports for the individual;

(B) an introduction to the risk factors and warning signs for mental illness and substance abuse problems;

(C) experiential activities to increase participants' understanding of the impact of mental illness on individuals and families; and

(D) a presentation of evidence-supported treatment and self-help strategies.

(e) A local mental health authority may contract with a

regional education service center to provide a mental health first aid training program to university employees, school district employees, and school resource officers under this section.

(f) Two or more local mental health authorities may collaborate and share resources to develop and operate a mental health first aid training program under this section.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1306 (H.B. [3793](#)), Sec. 4, eff. September 1, 2013.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. [133](#)), Sec. 4, eff. June 17, 2015.

Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. [133](#)), Sec. 8(2), eff. June 17, 2015.

Acts 2017, 85th Leg., R.S., Ch. 45 (S.B. [1533](#)), Sec. 2, eff. May 19, 2017.

Acts 2017, 85th Leg., R.S., Ch. 45 (S.B. [1533](#)), Sec. 3, eff. May 19, 2017.

Sec. 1001.2031. SUPPLEMENTAL GRANTS FOR TRAINING CERTAIN UNIVERSITY EMPLOYEES, SCHOOL DISTRICT EMPLOYEES, AND SCHOOL RESOURCE OFFICERS IN MENTAL HEALTH FIRST AID. For each state fiscal year, the department may allocate any unobligated money appropriated for making grants under Sections [1001.202](#) and [1001.203](#) for supplemental grants. The department may give a supplemental grant to a local mental health authority that submits to the department a revised plan as provided under Section [1001.204](#) that demonstrates how the additional grant money would be used if made available to the authority.

Added by Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. [133](#)), Sec. 5, eff. June 17, 2015.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 45 (S.B. [1533](#)), Sec. 4, eff. May 19, 2017.

Sec. 1001.204. PLANS FOR MENTAL HEALTH FIRST AID TRAINING PROGRAMS. (a) Not later than July 1 of each state fiscal year for which a local mental health authority will seek a grant from the

department under Section 1001.203, the authority shall submit to the department a plan demonstrating the manner in which grants made to the authority under that section will be used:

(1) to train individuals in mental health first aid throughout the authority's local service area to maximize the number of children who have direct contact with an individual who has successfully completed a mental health first aid training program provided by the authority;

(2) to meet the greatest needs of the authority's local service area, as identified by the authority; and

(3) to complement existing resources and not duplicate established mental health first aid training efforts.

(b) The department may not make a grant to a local mental health authority under Section 1001.203 unless the department has evaluated a plan submitted by the authority under this section.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1306 (H.B. 3793), Sec. 4, eff. September 1, 2013.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. 133), Sec. 6, eff. June 17, 2015.

Text of section as amended by Acts 2019, 86th Leg., R.S., Ch. 352

(H.B. 18), Sec. 2.01, and Ch. 755 (H.B. 1070), Sec. 1

For text of section as amended by Acts 2019, 86th Leg., R.S., Ch.

1327 (H.B. 4429), Sec. 2, see other Sec. 1001.205.

Sec. 1001.205. REPORTS. (a) Not later than September 30 of each year, a local mental health authority shall provide to the department the number of:

(1) employees and contractors of the authority who were trained as mental health first aid trainers under Section 1001.202 during the preceding fiscal year, the number of trainers who left the program for any reason during the preceding fiscal year, and the number of active trainers;

(2) university employees, school district employees, and school resource officers who completed a mental health first aid training program offered by the authority under Section 1001.203 during the preceding fiscal year categorized by local

mental health authority region, university or school district, as applicable, and category of personnel; and

(3) individuals who are not university employees, school district employees, or school resource officers who completed a mental health first aid training program offered by the authority during the preceding fiscal year.

(b) Not later than December 1 of each year, the department shall compile the information submitted by local mental health authorities as required by Subsection (a) and submit a report to the legislature containing:

(1) the number of authority employees and contractors trained as mental health first aid trainers during the preceding fiscal year, the number of trainers who left the program for any reason during the preceding fiscal year, and the number of active trainers;

(2) the number of university employees, school district employees, and school resource officers who completed a mental health first aid training program provided by an authority during the preceding fiscal year categorized by local mental health authority region, university or school district, as applicable, and category of personnel;

(3) the number of individuals who are not university employees, school district employees, or school resource officers who completed a mental health first aid training program provided by an authority during the preceding fiscal year; and

(4) a detailed accounting of expenditures of money appropriated for the purpose of implementing this subchapter.

(c) The department shall develop and provide to local mental health authorities a form to be used for the reporting of information required under Subsection (a), including the reporting of each category of personnel described by that subsection.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1306 (H.B. [3793](#)), Sec. 4, eff. September 1, 2013.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. [133](#)), Sec. 7, eff. June 17, 2015.

Acts 2017, 85th Leg., R.S., Ch. 45 (S.B. [1533](#)), Sec. 5, eff.

May 19, 2017.

Acts 2019, 86th Leg., R.S., Ch. 352 (H.B. 18), Sec. 2.01, eff. December 1, 2019.

Acts 2019, 86th Leg., R.S., Ch. 755 (H.B. 1070), Sec. 1, eff. December 1, 2019.

Text of section as amended by Acts 2019, 86th Leg., R.S., Ch. 1327 (H.B. 4429), Sec. 2

For text of section as amended by Acts 2019, 86th Leg., R.S., Ch. 352 (H.B. 18), Sec. 2.01, and Ch. 755 (H.B. 1070), Sec. 1, see other Sec. 1001.205.

Sec. 1001.205. REPORTS. (a) Not later than September 30 of each year, a local mental health authority shall provide to the department the number of:

(1) employees and contractors of the authority who were trained as mental health first aid trainers under Section 1001.202 during the preceding fiscal year;

(2) university employees, school district employees, and school resource officers who completed a mental health first aid training program offered by the authority under Section 1001.203 during the preceding fiscal year;

(3) individuals who are not university employees, school district employees, or school resource officers who completed a mental health first aid training program offered by the authority during the preceding fiscal year; and

(4) veterans and immediate family members of veterans who completed the veterans module of a mental health first aid training program offered by the authority during the preceding fiscal year.

(b) Not later than December 1 of each year, the department shall compile the information submitted by local mental health authorities as required by Subsection (a) and submit a report to the legislature containing the number of:

(1) authority employees and contractors trained as mental health first aid trainers during the preceding fiscal year;

(2) university employees, school district employees, and school resource officers who completed a mental health first

aid training program provided by an authority during the preceding fiscal year;

(3) individuals who are not university employees, school district employees, or school resource officers who completed a mental health first aid training program provided by an authority during the preceding fiscal year; and

(4) veterans and immediate family members of veterans who completed the veterans module of a mental health first aid training program provided by an authority during the preceding fiscal year.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1306 (H.B. [3793](#)), Sec. 4, eff. September 1, 2013.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 836 (S.B. [133](#)), Sec. 7, eff. June 17, 2015.

Acts 2017, 85th Leg., R.S., Ch. 45 (S.B. [1533](#)), Sec. 5, eff. May 19, 2017.

Acts 2019, 86th Leg., R.S., Ch. 1327 (H.B. [4429](#)), Sec. 2, eff. September 1, 2019.

Sec. 1001.206. LIABILITY. A person who has completed a mental health first aid training program offered by a local mental health authority under this subchapter and who in good faith attempts to assist an individual experiencing a mental health crisis is not liable in civil damages for an act performed in attempting to assist the individual unless the act is wilfully or wantonly negligent.

Added by Acts 2013, 83rd Leg., R.S., Ch. 1306 (H.B. [3793](#)), Sec. 4, eff. September 1, 2013.

Sec. 1001.207. PROGRAM PROMOTION. (a) The commission shall make available on its official Internet website information about the mental health first aid training program for the purpose of promoting public awareness of the program. An electronic link to an outside source of information is not sufficient.

(b) The Texas Education Agency shall make available on its official Internet website information about the mental health first

aid training program for the purpose of promoting public awareness of the program. An electronic link to an outside source of information is not sufficient.

Added by Acts 2019, 86th Leg., R.S., Ch. 352 (H.B. 18), Sec. 2.02, eff. December 1, 2019.

SUBCHAPTER I. MENTAL HEALTH PROGRAM FOR VETERANS

Sec. 1001.221. DEFINITIONS. In this subchapter:

(1) "Peer" means a person who is a veteran or a veteran's family member.

(1-a) "Peer service coordinator" means a person who recruits and retains veterans, peers, and volunteers to participate in the mental health program for veterans and related activities.

(2) "Veteran" means a person who has served in:

(A) the army, navy, air force, coast guard, or marine corps of the United States;

(B) the state military forces as defined by Section 431.001, Government Code; or

(C) an auxiliary service of one of those branches of the armed forces.

(3) Repealed by Acts 2017, 85th Leg., R.S., Ch. 512 (S.B. 27), Sec. 8(2), eff. September 1, 2017.

Added by Acts 2013, 83rd Leg., R.S., Ch. 352 (H.B. 2392), Sec. 2, eff. September 1, 2013.

Redesignated from Health and Safety Code, Section 1001.201 by Acts 2015, 84th Leg., R.S., Ch. 1236 (S.B. 1296), Sec. 21.001(35), eff. September 1, 2015.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 512 (S.B. 27), Sec. 5, eff. September 1, 2017.

Acts 2017, 85th Leg., R.S., Ch. 512 (S.B. 27), Sec. 8(2), eff. September 1, 2017.

Sec. 1001.222. GENERAL POWERS AND DUTIES. (a) The department shall develop a mental health intervention program for veterans. The program must include:

- (1) peer-to-peer counseling;
- (2) access to licensed mental health professionals for peer service coordinators and peers;
- (3) training approved by the department for peer service coordinators, licensed mental health professionals, and peers;
- (4) technical assistance for peer service coordinators, licensed mental health professionals, and peers;
- (5) identification, retention, and screening of community-based licensed mental health professionals;
- (6) suicide prevention training for peer service coordinators and peers;
- (7) veteran jail diversion services, including veterans treatment courts; and
- (8) coordination of mental health first aid for veterans training to veterans and immediate family members of veterans.

(a-1) As part of the mental health intervention program for veterans, the department shall develop a women veterans mental health initiative.

(a-2) As part of the mental health intervention program for veterans, the department shall develop a rural veterans mental health initiative.

(b) The department shall solicit and ensure that specialized training is provided to persons who are peers and who want to provide peer-to-peer counseling or other peer-to-peer services under the program.

(c) The executive commissioner may adopt rules necessary to implement this subchapter.

Added by Acts 2013, 83rd Leg., R.S., Ch. 352 (H.B. [2392](#)), Sec. 2, eff. September 1, 2013.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. [219](#)), Sec. 3.1636, eff. April 2, 2015.

Redesignated from Health and Safety Code Section [1001.202](#) by Acts 2015, 84th Leg., R.S., Ch. 1236 (S.B. [1296](#)), Sec. 21.001(35), eff. September 1, 2015.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1237 (S.B. [1304](#)), Sec. 1, eff. June 19, 2015.

Acts 2015, 84th Leg., R.S., Ch. 1238 (S.B. [1305](#)), Sec. 1, eff. June 19, 2015.

Acts 2017, 85th Leg., R.S., Ch. 512 (S.B. [27](#)), Sec. 6, eff. September 1, 2017.

Acts 2019, 86th Leg., R.S., Ch. 1327 (H.B. [4429](#)), Sec. 3, eff. September 1, 2019.

Sec. 1001.224. ANNUAL REPORT. Not later than December 1 of each year, the department shall submit a report to the governor and the legislature that includes:

(1) the number of veterans who received services through the mental health program for veterans;

(2) the number of peers and peer service coordinators trained;

(3) an evaluation of the services provided under this subchapter; and

(4) recommendations for program improvements.

Added by Acts 2013, 83rd Leg., R.S., Ch. 352 (H.B. [2392](#)), Sec. 2, eff. September 1, 2013.

Redesignated from Health and Safety Code, Section [1001.204](#) by Acts 2015, 84th Leg., R.S., Ch. 1236 (S.B. [1296](#)), Sec. 21.001(35), eff. September 1, 2015.

Amended by:

Acts 2017, 85th Leg., R.S., Ch. 512 (S.B. [27](#)), Sec. 7, eff. September 1, 2017.

SUBCHAPTER J. MATERNAL MORTALITY REPORTING AND INVESTIGATION INFORMATION

Sec. 1001.241. MATERNAL MORTALITY REPORTING AND INVESTIGATION INFORMATION. (a) The department shall post on the department's Internet website information regarding the systematic protocol for pregnancy-related death investigations and the best practices for reporting pregnancy-related deaths to the medical

examiner or justice of the peace of each county, as applicable.

(b) The information provided under Subsection (a) must include guidelines for:

(1) determining when a comprehensive toxicology screening should be performed on a person whose death was related to pregnancy;

(2) determining when a death should be reported to or investigated by a medical examiner or justice of the peace under Chapter 49, Code of Criminal Procedure; and

(3) correctly completing the death certificate of a person whose death was related to pregnancy.

(c) The executive commissioner shall adopt rules as necessary to implement this section.

Added by Acts 2017, 85th Leg., R.S., Ch. 927 (S.B. 1599), Sec. 1, eff. September 1, 2017.

This Subchapter K, consisting of Secs. 1001.261 to 1001.265, was added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 6.

See also another Subchapter K, consisting of Sec. 1001.261, as added by Acts 2019, 86th Leg., R.S., Ch. 1167 (H.B. 3285), Sec. 8.

For expiration of this subchapter, see Section 1001.265.

SUBCHAPTER K. HIGH-RISK MATERNAL CARE COORDINATION SERVICES PILOT PROGRAM

Sec. 1001.261. DEFINITIONS. In this subchapter:

(1) "Pilot program" means the high-risk maternal care coordination services pilot program established under this subchapter.

(2) "Promotora" or "community health worker" has the meaning assigned by Section 48.001.

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 6, eff. September 1, 2019.

Sec. 1001.262. ESTABLISHMENT OF PILOT PROGRAM; RULES.

(a) The department shall develop and implement a high-risk maternal care coordination services pilot program in one or more geographic areas in this state.

(b) In implementing the pilot program, the department shall:

(1) conduct a statewide assessment of training courses provided by promotoras or community health workers that target women of childbearing age;

(2) study existing models of high-risk maternal care coordination services;

(3) identify, adapt, or create a risk assessment tool to identify pregnant women who are at a higher risk for poor pregnancy, birth, or postpartum outcomes; and

(4) create educational materials for promotoras and community health workers that include information on the:

(A) assessment tool described by Subdivision (3); and

(B) best practices for high-risk maternal care.

(c) The executive commissioner shall adopt rules as necessary to implement this subchapter and prescribe the types of information to be collected during the course of the pilot program and included in the report described by Section [1001.264](#).

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. [748](#)), Sec. 6, eff. September 1, 2019.

Sec. 1001.263. DUTIES OF DEPARTMENT. (a) The department shall provide to each geographic area selected for the pilot program the support, resources, technical assistance, training, and guidance necessary to:

(1) screen all or a sample of pregnant patients with the assessment tool described by Section [1001.262](#)(b)(3); and

(2) integrate community health worker services for women with high-risk pregnancies in:

(A) providing patient education on health-enhancing behaviors and chronic disease management and prevention;

(B) facilitating care coordination and navigation activities; and

(C) identifying and reducing barriers to the women's access to health care.

(b) The department shall develop training courses to prepare promotoras and community health workers in educating and supporting women at high risk for serious complications during the pregnancy and postpartum periods.

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 6, eff. September 1, 2019.

Sec. 1001.264. PILOT PROGRAM REPORT. (a) Not later than December 1 of each even-numbered year, the department shall prepare and submit a report on the pilot program to the executive commissioner and the chairs of the standing committees of the senate and the house of representatives with primary jurisdiction over public health and human services. The report may be submitted with the report required under Section 34.0156.

(b) The report submitted under this section must include an evaluation from the commissioner of the pilot program's effectiveness.

(c) The report submitted under this section must include a recommendation from the department on whether the pilot program should continue, be expanded, or be terminated.

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 6, eff. September 1, 2019.

Sec. 1001.265. EXPIRATION. This subchapter expires September 1, 2023.

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 6, eff. September 1, 2019.

This Subchapter K, consisting of Sec. 1001.261, was added by Acts 2019, 86th Leg., R.S., Ch. 1167 (H.B. 3285), Sec. 8.

See also another Subchapter K, consisting of Secs. 1001.261 to 1001.265, as added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 6.

SUBCHAPTER K. DATA COLLECTION AND ANALYSIS REGARDING OPIOID OVERDOSE DEATHS AND CO-OCCURRING SUBSTANCE USE DISORDERS

Sec. 1001.261. DATA COLLECTION AND ANALYSIS REGARDING

OPIOID OVERDOSE DEATHS AND CO-OCCURRING SUBSTANCE USE DISORDERS.

(a) The executive commissioner shall ensure that data is collected by the department regarding opioid overdose deaths and the co-occurrence of substance use disorders and mental illness. The department may use data collected by the vital statistics unit and any other source available to the department.

(b) In analyzing data collected under this section, the department shall evaluate the capacity in this state for the treatment of co-occurring substance use disorders and mental illness.

Added by Acts 2019, 86th Leg., R.S., Ch. 1167 (H.B. [3285](#)), Sec. 8, eff. September 1, 2019.